Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0719103	PRIDES CORNER FARMS - POTTING SHED				NC	50	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
122 WATERMAI	N ROAD	Connections	1					

Towns Served: LEBANON			
Monitorin	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL 1 (WSF ID: 20050)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
WELL (2)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0719103	PRIDES CORNER FARMS - POTTING SHED				NC	50	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
122 WATERMAI	N ROAD	Connections	1					

Towns Served: LEBANON

Water System Facility:	WELL 1 (WSF ID: 20050)
------------------------	------------------------

E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

# **Other Compliance Schedules**

	•		
Compliance Schedule Activity	Due Date	Achieved Date	
RESPOND TO SANITARY SURVEY	10/25/2018		
CROSS CONNECTION SURVEY REPORT	3/1/2019		

# Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform Rule		Achastas		age
rucility IL	,	טו	Description	Status	Kule	Rule Tier	ASDESIOS	WQP Z D	DPK
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		LDRM1	SLOP SINK	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20050	WELL 1	2	WELL	Α					

47847 POTTING SHED TREATMENT STATION

Contact Information
---------------------

Name			Organization	1	Job Title				
Mr. Mark Sellew				Pride's Corne	er Farmhouse		Owner		
Mailing Address Line One Mailing Add			lress Line Two			City	State	Zip Code	
122 Waterman Roa	d					Lebanor		СТ	06249
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	ldress		
860-642-7535		860-642-4	4155						

Contact Role(s): Legal Contact, Owner

C	Connecticut Department of Public Health Drinking Water Section										
	Wat	ter Qua	lity Mo	onit	oring a	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT0719103 P	RIDES CORNER	FARMS - PC	TTING SH	ED			N	IC	50	Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmercia	l Industri	al Combin	ed Agricultural
122 WATERMAN ROAD					Connection	ns 1					
Towns Served: LEE	BANON						,			·	
Name				Or	ganization					Job Titl	e
Mr. Christian Jose	ph			Pri	Prides Corner Farms, Inc.				Facilities I		
Mailing Address Li	ne One		Mailing A	ddress	Line Two				City	State	Zip Code
122 Waterman Ro	ad							Lebano	n	СТ	06268
Business Phone	Phone Extension Fax Mo				e Phone	Emergenc	y Phone	Email A	ddress	-	
860-642-3081	3013	860-642-	2027		860-642-7535 cjoseph@pridescorner.com						
Contact Role(s):	Administrative	Contact						1			

### - Authority Co

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connec	cticut Depa	artment of	Public Healtl	h Drinl	king W	ater Se	ction	
		•		oring and Coi					
PWS ID			inty Monit	orning and Cor				a a v Tura a Du	inaamu Caumaa
	PWS Name		LAUREL - WELL 1	1	NC		40	P P	imary Source GW
CT071001			LAUREL - WELL I	Service Reside				Combined	
	lress (where applic	able)		Connections	ential Com	1	ndustrial	Combined	Agricultural
	rved: LEBANON			Comiccions		1			
TOWNS SEI	IVed. ELBANON		Monito	oring Requirem	ents				
Water Sy	/stem Facility: <b>[</b>	DISTRIBUTION S							
<b>Total Co</b>	oliform (3100)						1 rou	tine (RT) p	er quarter
Samj	pling Point (Samp	ling Point ID)		Monito	ring Period	l Collec	tion Period	Compli	ance Status
Selec	ct from Inventory o	of Active Samplin	g Points	10/1/18	3 - 12/31/18	3		Co	mplete
				1/1/19	9 - 3/31/19			Co	mplete
				4/1/19	9 - 6/30/19				
				7/1/19	9 - 9/30/19				
Physical	Parameters (PF	PS)					1 rou	tine (RT) p	er quarter
Samj	pling Point (Samp	ling Point ID)		Monito	ring Period	l Collec	tion Period	ance Status	
Selec	ct from Inventory o	of Active Samplin	g Points	10/1/18	3 - 12/31/18	3		Co	mplete
				1/1/19	9 - 3/31/19			Co	mplete
				4/1/19	9 - 6/30/19				
				7/1/19	9 - 9/30/19				
Water Sy	stem Facility: <b>E</b>	NTRY POINT (	WSF ID: 00700)						
Nitrate A	And Nitrite (NO	X)					1	routine (R	T) per year
Samj	pling Point (Samp	ling Point ID)		Monito	ring Period	l Collec	tion Period	Compli	ance Status
ENTF	RY POINT (3)			1/1/18	- 12/31/18			Co	mplete
				1/1/19	- 12/31/19	1			
				1/1/20	- 12/31/20	1			
		Water S	ystem Facili	ty and Sampling	g Point	Invento	ry		
Water						Total	Lead and		
System	Water System Fo	acility	Sampling Point			Coliform			Stage
Facility ID			ID	Description	Statu		Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SY	'STEM	4	DISTRIBUTION SYSTE	M A	Υ			
			BH87387	KITCHEN SINK	Α	Υ			
			BK05449	RANGER HOUSE KITC		Υ			
			BK79872	SERVICE CTR KITCHEN		Υ			
			BK81563	SERVICE CTR KITCHEN		Υ			
			BK81565	LEFT BATHROOM SIN	IK A	Υ			
			BN14584	RANGER HOUSE KITC	HEN A	Υ			
			BN14587	SERVICE CTR RIGHT B		Υ			
			DOWNSTREAM	WITHIN 5 SERVICE CO					
			UPSTREAM	WITHIN 5 SERVICE CO	ON A				
00700	ENTRY POINT		3	ENTRY POINT	Α				
21214	\A/E11.4		2	AA/ELI					

**Contact Information** Job Title Name Organization Ms. Michele Velez Girl Scouts of Connecticut Dir. Property Svcs. Mailing Address Line One Mailing Address Line Two City State Zip Code 06473 20 Washington Avenue North Haven CT Rusinass Phana Extension Fax Mobile Phana Emargancy Phana Email Address

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Α

WELL

2

21211 WELL 1

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(	Connectic	ut Depa	irtme	ent of	Public	Health	Drin	iking	, Water	Section	n	
	Wa	ter Qua	lity N	Ionito	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name						Classifi	ication	Population	Owner Ty	pe P	rimary Source
CT0710014	GIRL SCOUTS O	F CT - CAMP	LAUREL	- WELL 1			N	С	140	Р		GW
Local Address (wh	nere applicable)				Service	Resider	Residential Cor		mmercial Industri		ined	Agricultura
175 CLUBHOUSE	ROAD				Connection	ns						
Towns Served: LE	_				1	'				'		
Dusiness Filone				INICOLIN	0 ,		Lillali F	Address				
203-239-2922	3329 203-239-7220					800-922	-2770	mvelez	@gsofct.or	g		
Contact Role(s):	Administrative	Contact										
Name				Org	ganization					Job 7	ïtle	
Girl Scouts of Am	erica, Inc.											
Mailing Address L	ine One		Mailing	Address	Line Two				City	Sta	te	Zip Code
340 Washington	Street							Hartfor	rd	C-	-	06106
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Phone	Email A	Address	,		
860-522-0163												
Contact Pole(s)	Legal Contact	Owner						,				

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 1/1- - - C

## Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source		
CT0710024	GIRL SCOUTS OF CT - CAMP LAUREL - WELL			NC	25	Р	GW			
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
175 CLUBHOU	SE ROAD	Connections			1					
Towns Served	LEBANON					,	·			
Monitoring Requirements										
Water System	m Facility: <b>DISTRIBUTION SYSTEM (WSF</b>	ID: 00600)								

Monitoring R	Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)										
Total Coliform (3100)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>								
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete								
	1/1/19 - 3/31/19		Complete								
	4/1/19 - 6/30/19										
	7/1/19 - 9/30/19										
Physical Parameters (PPS)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>								
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete								
	1/1/19 - 3/31/19		Complete								
	4/1/19 - 6/30/19										
	7/1/19 - 9/30/19										
Water System Facility: ENTRY POINT (WSF ID: 00700)											
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year								
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>								
ENTRY POINT (3)	1/1/18 - 12/31/18	·	Complete								

1/1/20 - 12/31/20										
Public Notification Requirements										
	Compliance	Notice	<u>Public Notification</u> <u>PN Certification</u>							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/8/2012		9/18/2012					

1/1/19 - 12/31/19

	Wa	ter System Facili	ity and Sampling Po	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	? DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		BH87193	FROST FREE TAP	Α	Υ				
		BJ11209	HEALTH CENTER KITCHE	Α	Υ				
		BK05448	HEALTH CTR BATHROOM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21212	WELL 2	2	WELL	Α					
57392	PRESSURE STORAGE								

Contact Information								
Name		Organization		Job Title				
Ms. Michele Velez		Girl Scouts of Connecticut	Dir. Proper	Dir. Property Svcs.				
Mailing Address Line One Mailing Addr		ress Line Two	City	State	Zip Code			

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	Connectic	ut Depa	rtment	of P	Public	Health	Dri	nking	Water	Se	ction		
	Wa	ter Qua	lity Mon	ito	ring a	nd Con	nplia	ince S	chedul	e			
PWS ID	PWS Name						Classi	fication	Population	Owr	ner Type	Pri	mary Source
CT0710024	GIRL SCOUTS OF	CT - CAMP	LAUREL - WEL	LL 2			1	1C	25		Р		GW
Local Address (w	here applicable)			S	ervice	Resider	ntial Co	ommercia	l Industri	al	Combine	ed	Agricultural
175 CLUBHOUSE	ROAD			С	Connection	ns		1					
Towns Served: LE	BANON									,			
20 Washington A	venue							North F	laven		СТ		06473
Business Phone	Extension	Fax	Mo	obile I	e Phone Emergency Phone			Email A	ddress				
203-239-2922	3329	203-239-	7220			800-922-2770 mvelez@gsofct.org							
Contact Role(s):	Administrative	Contact											
Name				Orga	anization						Job Title	5	
Girl Scouts of Am	nerica, Inc.												
Mailing Address	Line One		Mailing Addr	ress Li	ine Two				City		State		Zip Code
340 Washington Street							Hartfor	d		СТ		06106	
Business Phone	e Extension	Fax	obile I	Phone	Emergenc	y Phone	Email A	ddress					
860-522-0163													

Contact Role(s): Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Dublic U	loolth D	rinkina	Motor	Coation		
	Connecticut Department			U				
	Water Quality Mor	nitoring and						
PWS ID	PWS Name		Cla	ssification P	•	wner Type Pr	imary Source	
CT0710034	GIRL SCOUTS OF CT - CAMP LAUREL - WE			NC	25	Р	GW	
Local Address (	where applicable)	Service	Residential Commercial Industrial			Combined	Agricultural	
175 CLUBHOUS	E ROAD	Connections		10				
Towns Served:	LEBANON							
	Mor	nitoring Requ	irements	5				
Water System	Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)						
<b>Total Coliforn</b>	n (3100)				1 r	outine (RT) բ	er quarter	
Sampling	Point (Sampling Point ID)		Monitoring Period Collection Period Compliance S					
Select from Inventory of Active Sampling Points			10/1/18 - 12/	/31/18		Co	mplete	
			4/1/19 - 6/3	0/19				
			7/1/19 - 9/3	0/19				
<b>Physical Para</b>	meters (PPS)				1 r	outine (RT) բ	er quarter	
Sampling	Point (Sampling Point ID)		Monitoring I	Period Co.	llection Perio	od Compli	ance Status	
Select fror	n Inventory of Active Sampling Points	•	10/1/18 - 12/31/18			Complete		
			4/1/19 - 6/3	0/19				
			7/1/19 - 9/3	0/19				
Water System	Facility: ENTRY POINT (WSF ID: 007	00)						
Nitrate And I	Nitrite (NOX)					1 routine (R	T) per year	
Sampling	Point (Sampling Point ID)		Monitoring <b>F</b>	Period Co	llection Perio	od Compli	ance Status	
ENTRY PO	INT (3)		1/1/18 - 12/	31/18		Co	mplete	
			1/1/19 - 12/	31/19				
			1/1/20 - 12/	31/20				
	Other	Compliance	Schedule	es				

	Other Compliance Schedules
Compliance Schedule Activity	Due Date

SEASONAL START UP COMPLETION 5/1/2019

	Wa	ter System Facili	ty and Sampling Po	oint Ir	nventoi	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage ? DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		BJ11211	WHITE PRE HAND WASH	Α	Υ			
		BJ91401	4 CORNERS	Α	Υ			
		BJ91403	WHITE PINES	Α	Υ			
		BJ91404	WATERFRONT	Α	Υ			
		BJ91405	OFFICE	Α	Υ			
		BK05447	DISTRIBUTION TAP	Α	Υ			
		BN21690	RAMBLERS REST SINK	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21213	WELL 3	2	WELL	Α				
57398	PRESSURE STORAGE							

**Achieved Date** 

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	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0710034	GIRL SCOUTS OF CT - CAMP LAUREL - WELL 3	3			NC	25	Р	GW			
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural			
175 CLUBHOUS	E ROAD	Connections			10						

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Michele Velez				Girl Scouts o	f Connecticut		Dir. Propert	y Svcs.	
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
20 Washington Ave	nue					North H	aven	СТ	06473
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
203-239-2922	3329	203-239-	7220		800-922-2770	mvelez@	gsofct.org		
Contact Role(s): A	dministrative	Contact	·						
Name				Organization	1			Job Title	
Girl Scouts of Ame	rica, Inc.								
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
340 Washington Str	reet					Hartford	l	СТ	06106
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-522-0163									
Contact Role(s): Le	egal Contact, (	Owner			•				

### Please note the following:

Towns Served: LEBANON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Сс		ut Departme ter Quality N								ection	
			ter Quality i	40IIIU	oring a							
PWS ID		/S Name				C				on Ow		Primary Source
CT0710044		E SAFETY COI	MPLEX		1		N(		25		L	GW
		e applicable)			Service	Residentia	al Cor	mmercial	Indus	strial	Combine	d Agricultural
GOSHEN HIL					Connectio	115		1				
Towns Serve	d: LEBA	NON										
						quiremen	ts					
•		•	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Colife	-	-									- ·	) per quarter
		t (Sampling P	-			Monitoring			lection	Period		oliance Status
Select f	rom Inv	entory of Acti	ive Sampling Points			10/1/18 - 1						Complete
						1/1/19 - 3						
						4/1/19 - 6						
						7/1/19 - 9	/30/19	9				
Physical Pa		• •										) per quarter
		t (Sampling P	<u> </u>			Monitoring			lection	Period		oliance Status
Select f	rom Inv	entory of Acti	ive Sampling Points			10/1/18 - 1						Complete
						1/1/19 - 3						
						4/1/19 - 6						
						7/1/19 - 9	/30/19	9				
Water Syste	em Fac	ility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate An		•								1		(RT) per year
Samplii	ng Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Col	lection	Period	Comp	oliance Status
ENTRY I	POINT (	3)				1/1/18 - 12	2/31/1	8			C	Complete
						1/1/19 - 12	2/31/1	9				
						1/1/20 - 12	2/31/2	0				
			Water System	r Facili	ity and S	ampling P	oint	Inven	tory			
Water			- "		- "			Tota		ad and	1	
	Vater Sy	stem Facility		_	Sampling			Colifo		opper		Stage 2 DDDD
Facility ID		TION (NOTE)		D	Description		Stat			iie i iei	Aspesto	s WQP 2 DBPR
00600 D	IISTRIBU	ITION SYSTEM		4 		ION SYSTEM	A					
						SERVICE CON	A					
				REAM		SERVICE CON	Α					
	NTRY PO	DINT		3	ENTRY PO	NT	Α					
	VELL			2	WELL		Α					
60931 W	VELL 2			2	WELL 2		Α					
				Con	tact Info	ormation						
Name				0	rganization						Job Title	!
Lebanon												
Mailing Addr	ress Line	e One	Mailin	g Addres	s Line Two				City		State	Zip Code
Business P	hone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	ldress			

Contact Role(s): Owner

	Connectic	ut Depa	rtmer	nt of	Public l	Health	Dri	nking	Water	Section	
	Wat	er Qua	lity Mo	onit	oring an	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT0710044 F	IRE SAFETY CO	/IPLEX					ı	IC	25	L	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Combin	ed Agricultural
GOSHEN HILL ROA	<b>AD</b>				Connections	S		1			
Towns Served: LEI	BANON								'		
Name				Or	ganization					Job Titl	e
Ms. Betsy Petrie				To	wn of Leband	on			First Selec	tman	
Mailing Address Li	ine One		Mailing A	ddress	Line Two				City	State	Zip Code
579 Exeter Road								Lebano	n	СТ	06249
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	ddress	,	
860-642-6100		860-642-	7716					bpetrie	@lebanont	ownhall.org	
Contact Role(s):	Administrative	Contact. Les	al Contac	t							

Contact Role(s): Administrative Contact, Legal Contact

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artmen	t of Public H	lealth	Dı	rinki	ng V	Vater	Se	ction	
	Water Qu	ality Mo	onitoring an	d Con	npl	ianc	e Scl	hedul	e		
PWS ID	PWS Name				_	ssificatio				ner Type P	rimary Source
CT0710064	GOSHEN HILL CHURCH					NC		25		Р	GW
Local Addre	ess (where applicable)		Service	Residen	itial	Comme	ercial	Industri	al	Combined	Agricultural
CHURCH RC	DAD		Connections			1					
Towns Serv	ed: LEBANON										
		M	onitoring Requ	iireme	nts						
Water Syst	tem Facility: <b>DISTRIBUTION</b>	SYSTEM (\	WSF ID: 00600)								
<b>Total Coli</b>	form (3100)								1	routine (F	RT) per year
	ing Point (Sampling Point ID)			Monitori			Colle	ection Pe	riod	Compli	ance Status
Select	from Inventory of Active Sampli	ng Points		1/1/18 -		•				Co	mplete
				1/1/19 -							
				1/1/20 -	12/3	31/20					
	Parameters (PPS)						- "			<del>-</del>	RT) per year
	ing Point (Sampling Point ID)	D		Monitori			Colle	ection Pe	riod		ance Status
Select	from Inventory of Active Sampli	ng Points		1/1/18 -						Co	mplete
				1/1/19 - 1/1/20 -							
Mator Cust	tem Facility: ENTRY POINT	/WCE ID: 00		1/1/20-	12/3	51/20					
•	•	נאטר וט: טנ	7700)						1	voutino /D	)T\
	nd Nitrite (NOX) ing Point (Sampling Point ID)			Monitori	ina D	Pariod	Colle	ection Pe		<del>-</del>	RT) per year iance Status
	POINT (3)			1/1/18 -			Cone	ction re	iiou	Compi	unce Status
LIVIIVI	10111 (3)			1/1/19 -		_	_				_
				1/1/20 -							
		Oth	er Compliance			-					
Compliance	Schedule Activity		•			Date		Achie	ved	Date	
•	O SANITARY SURVEY			1	L/16/	/2019		1/1	3/20	19	
CORRECTIV	E ACTION/CORRECTIVE ACTION	PLAN				/2019		•	•		
		Public	Notification R	equire	eme	ents					
			Compliance	Notice		<u>Publi</u>	c Notif	ication		PN Cert	<u>tification</u>
Violation/S	ituation		Period	Tier		Require	ed F	Performe	d D	ue to DPH	Received
Nitrate And	Nitrite M&R Violation		1/1/18 - 12/31/18	3		2/28/20	20 3	3/22/201	9	3/9/2020	3/22/2019
	Water	System F	acility and Sar	npling	Po	int In	vent	ory			
Water							Total	Lead	and		
- /	Water System Facility	Sampling	Point Sampling Poi	nt		(	Colifor				Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ				
			REAM WITHIN 5 SEF			Α					
		UPSTRE			N	Α					
	ENTRY POINT	3	ENTRY POINT			Α					
	WELL	2	WELL			Α					
58519 E	BLADDER STORAGE										

	Co	ontact Information				
Name		Organization			Job Title	
Ms. Eilleen Weinsteiger		Goshen Cong Church		Treasurer		
Mailing Address Line One	Mailing Addı	ress Line Two		City	State	Zip Code
P.O. Box 4	157 Church I	Rd	Lebanor	า	СТ	06249

(	Connectic	ut Depa	rtment of	Public	Health	Drir	king	Water	Section	l	
	Wa	ter Qua	lity Monito	oring ai	nd Com	nplia	nce S	chedul	e		
PWS ID	PWS Name					Classifi	cation [	Population	Owner Type	Prim	nary Source
CT0710064	OSHEN HILL CH	HURCH				N	С	25	Р		GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmercia	l Industri	al Combin	ed A	Agricultural
CHURCH ROAD				Connection	ıs		1				
Towns Served: LE	BANON				1	1					
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	Phone	Email A	ddress			
860-642-4336					860-861-	7826	eilleen.\	weinsteiger	@yahoo.con	า	
Contact Role(s):	Administrative	Contact	,								
Name			Or	ganization					Job Titl	е	
Ms. Maureen Mc	Call		Go	shen Hill Ch	urch						
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Z	ip Code
			P.O. Box 4				Lebanor	า	СТ		06249
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	Phone	Email A	ddress	,	•	
860-642-5537					860-305-	3662	mmccal	l023@eartl	nlink.net		
Contact Role(s):	Legal Contact										

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- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	•				,	O			
	Water Qu	iality Monit	oring and	d Com	plia	nce	Sch	edule		
PWS ID	PWS Name				Classifi	cation	Popu	lation O	wner Type P	rimary Source
CT0710074	LAKE WILLIAMS CAMPGR	OUND			N	С	2	25	Р	GW
Local Address (	where applicable)		Service	Resident	ial Co	mmer	cial Ir	ndustrial	Combined	Agricultural
1742 EXETER RO	DAD		Connections			1				
Towns Served:	LEBANON									
		Monito	oring Requ	iiremei	nts					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
<b>Total Coliforn</b>	m (3100)							1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		ı	Monitorir	ng Perio	od (	Collect	ion Perio	d Compl	iance Status
Select fron	n Inventory of Active Sampl	ing Points		10/1/18 -	12/31/	18			Co	mplete
				4/1/19 -	6/30/1	9			Co	mplete
				7/1/19 -	9/30/1	9				
<b>Physical Para</b>	meters (PPS)							1 r	outine (RT)	per quarter
	Point (Sampling Point ID)			Monitorir			Collect	ion Perio		iance Status
Select fron	n Inventory of Active Sampl	ing Points	-	10/1/18 -						mplete
				4/1/19 -					Co	mplete
				7/1/19 -	9/30/1	9				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And N	Nitrite (NOX)								1 routine (F	RT) per year
Sampling	Point (Sampling Point ID)			Monitorir	ng Perio	od (	Collect	ion Perio	d Compl	iance Status
ENTRY POI	INT (3)			1/1/18 - 1			4/1	-12/31	Co	omplete
				1/1/19 - 1	12/31/1	L9	4/1	-12/31		
				1/1/20 - 1	12/31/2	20	4/1	-12/31		
Water System	Facility: WELL #2 (WSI	F ID: 21217)								
E. Coli (3014)	)							1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		ı	Monitorir	ng Perio	od (	Collect	ion Perio	d Compl	iance Status
WELL (2)			-	10/1/18 -	12/31/	18			Co	omplete
				4/1/19 -	6/30/1	9			Co	omplete
				7/1/19 -	9/30/1	9				
Water System	Facility: WELL #3 (WSI	F ID: 60568)								
E. Coli (3014)	)							1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		1	Monitorir	ng Perio	od (	Collect	ion Perio	d Compl	iance Status
WELL 3 (2)				10/1/18 -	12/31/	18			Co	mplete
				4/1/19 -	6/30/1	9			Co	omplete
				7/1/19 -	9/30/1	9				
		Other Co	ompliance	<b>Sched</b>	ules					
Compliance Sch	nedule Activity			E	Due Dat	te		Achieve	d Date	
	RT UP COMPLETION			4	1/1/201	.9				
	Water	System Facili	ty and San				ento	ry		
Water							Total	Lead ar	nd	
	er System Facility	Sampling Point		nt			oliform			Stage
Facility ID		ID	Description		Sta	tus	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Δ	4	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A	١.				

**ENTRY POINT** 

WITHIN 5 SERVICE CON

Α

Α

**UPSTREAM** 

3

00700 ENTRY POINT

	Water Quality Moni	toring and	d Con	nplian	ce S	chedul	e	
PWS ID	PWS Name			Classifica	tion	Population	Owner Type	Primary Source
CT0710074	LAKE WILLIAMS CAMPGROUND			NC		25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Comi	nercia	al Industri	al Combine	ed Agricultural
1742 EXETER RC	)AD			1				

		Water Sy	ystem	Facili	ity and S	Sampling Poi	int	Inver	ntor	У		
Water System Water Sy Facility ID	ystem Facility	:	Sampling ID		Sampling Description		Stat	Tot Colif us Ru	orm	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
21217 WELL #2			2		WELL		Α					
59533 TREATM	ENT PLANT											
60568 WELL #3			2		WELL 3		Α					
				Con	tact Info	ormation						
Name				0	rganization						Job Title	
Mr. John Oleksiw				La	ke William	s Campground As	soc		Pre	sident		
Mailing Address Lin	e One		Mailing .	Addres	s Line Two				Ci	ty	State	Zip Code
PO Box 571								Manche	ester		CT	06045
Business Phone	Extension	Fax		Mobi	le Phone	Emergency Pho	ne	Email A	ddres	SS		
860-908-1842								lwca.inc	.pc@	gmail.com		
Contact Role(s): Le	egal Contact, C	)wner										
Name				0	rganization						Job Title	
Mr. Franklin Pilicy				Pi	licy & Ryan	, Pc			Atto	orney		
Mailing Address Lin	e One		Mailing	Addres	s Line Two				Ci	ty	State	Zip Code
365 Main Street						_		Waterto	own		CT	06795
Business Phone	Extension	Fax		Mobi	le Phone	Emergency Pho	ne	Email A	ddres	SS		
860-274-0018		860-274-0	0061					pilicylav	v@pi	licy.com		
Contact Role(s): Le	egal Contact											
Name				0	rganization						Job Title	
Ms. Kim Gillette				La	ıke William	s Campground As	soc		Vice	e President		
Mailing Address Lin	e One		Mailing	Addres	s Line Two	·			Ci	ty	State	Zip Code

Contact Role(s): Administrative Contact

Extension

#### Please note the following:

PO Box 571

**Business Phone** 

860-908-1842

Towns Served: LEBANON

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Manchester

lwca.inc.pc@gmail.com

Emergency Phone Email Address

860-280-4638

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

06045

	Water Quality Moni	toring an	d Con	npl	liance S	Schedul	le				
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0710084	LEBANON COMMUNITY HOUSE				NC	25	L	GW			
Local Address (w	here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural			
ROUTE 207 AND	ROUTE 87	Connections			1						
Towns Served: L	owns Served: LEBANON										

Towns Served: LEBANON								
1	Monit	oring Requ	irement	ts				
Water System Facility: DISTRIBUTION SYSTEM	(WSF I	D: 00600)						
Total Coliform (3100)						1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		ı	Monitoring	Period	Collect	ion Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points			10/1/18 - 12	2/31/18			Co	mplete
			1/1/19 - 3/	/31/19				
			4/1/19 - 6/	/30/19				
			7/1/19 - 9/	/30/19				
Physical Parameters (PPS)						1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		-	10/1/18 - 12	2/31/18			Co	mplete
			1/1/19 - 3/	/31/19				
			4/1/19 - 6/	/30/19				
			7/1/19 - 9/	/30/19				
Water System Facility: ENTRY POINT (WSF ID:	: 00700)							
Nitrate (1040)							1 routine (F	T) per year
Sampling Point (Sampling Point ID)		ı	Monitoring	Period	Collect	ion Perio	d Compli	ance Status
ENTRY POINT (3)			1/1/18 - 12	2/31/18			Co	mplete
			1/1/19 - 12	2/31/19				
			1/1/20 - 12	2/31/20				
Nitrite (1041)							1 routine (F	T) per year
Sampling Point (Sampling Point ID)			Monitoring		Collect	ion Perio	d Compli	ance Status
ENTRY POINT (3)			1/1/18 - 12	2/31/18			Co	mplete
			1/1/19 - 12	2/31/19				
			1/1/20 - 12	2/31/20				
Publ	lic Not	ification R	equiren	nents				
	С	ompliance	Notice	Public	Notifica	ation_	PN Cert	tification
Violation/Situation		Period	Tier	Require	d Per	formed	Due to DPH	Received
Total Coliform MCL Violation	7/1,	/06 - 9/30/06	2	9/10/20	06		9/20/2006	
Nitrate M&R Violation	4/1,	/13 - 6/30/13	3	10/17/20	)13		10/27/2013	
Water System	n Facili	ity and San	npling P	oint Inv	vento	ry		
Water					Total	Lead an	nd	
	_	Sampling Poi	nt	C	Coliform	Coppe		Stage
Facility ID	ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPI
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ			
DOWN	STREAM	WITHIN 5 SER	VICE CON	Α				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

**ENTRY POINT** 

WELL

WITHIN 5 SERVICE CON

Α

Α

Α

**UPSTREAM** 

3

2

00700

21218

58254

**ENTRY POINT** 

**BLADDER TANK** 

WELL

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0710084	LEBANON COMMUNITY HOUSE				NC	25	L	GW		
Local Address (w	here applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural		
ROUTE 207 AND	ROUTE 207 AND ROUTE 87 Connections									
Towns Served: L	FRANON									

				Contact Inf	ormation				
Name				Organization	ı			Job Title	
Lebanon									
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
<b>Business Phone</b>	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ac	ldress		
Contact Role(s): O	wner								
Name				Organization	l			Job Title	
Ms. Betsy Petrie				Town of Leba	anon		First Select	man	
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
579 Exeter Road						Lebanon		СТ	06249
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ac	ldress	·	
860-642-6100		860-642-	7716			bpetrie@	ebanonto	wnhall.org	
Contact Role(s): A	dministrative	Contact, Leg	al Contact						

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

С	onnectic	ut Departme	nt of	Public	Health D	rin	king	Wa	ater S	Secti	on	
	Wa	ter Quality M	Ionit	oring ar	nd Comp	liai	nce S	che	edule	<u>غ</u>		
PWS ID PV	/S Name										ype P	rimary Source
CT0710104 TR	UMBULL LIBR	ARY				NO	2	2	5	L		GW
Local Address (whe	re applicable)			Service	Residentia	I Cor	nmercia	l In	dustrial	Con	nbined	Agricultural
580 EXETER ROAD				Connection	S		1					
Towns Served: LEBA	NON					·		,		·		
		N	lonit	oring Req	uirement	ts						
Water System Fac	cility: DISTR	RIBUTION SYSTEM	(WSF I	D: 00600)								
Total Coliform (3	3100)								1 ו	routine	e (RT)	per quarter
Sampling Poin	t (Sampling P	Point ID)			Monitoring	Perio	d Co	llecti	on Peri	od	Compli	ance Status
Select from Inv	entory of Act	ive Sampling Points			10/1/18 - 12	2/31/1	18				Co	mplete
					1/1/19 - 3/	/31/19	9					
					4/1/19 - 6/							
					7/1/19 - 9/	/30/19	9					
Physical Paramet	ters (PPS)								1 ו	routine	e (RT)	oer quarter
Sampling Poin	t (Sampling P	Point ID)			Monitoring			llecti	on Peri	od	Compli	ance Status
Select from Inv	entory of Act	ive Sampling Points			10/1/18 - 12	2/31/1	18				Co	mplete
					1/1/19 - 3/							
					4/1/19 - 6/							
					7/1/19 - 9/	/30/19	)					
Water System Fac	cility: ENTR	Y POINT (WSF ID:	00700)									
Nitrate And Nitri	• •										_	T) per year
Sampling Poin	t (Sampling P	Point ID)			Monitoring	Perio	d Co	llecti	on Peri	od	Compli	ance Status
ENTRY POINT (	3)				1/1/18 - 12						Co	mplete
					1/1/19 - 12							
					1/1/20 - 12	/31/2	0					
		<b>Water System</b>	Facili	ity and Sa	mpling P	oint	Inver	ntor	У			
Water			0 - 1 - 4	Communities of D	-t-a				Lead a			
System Water Sy Facility ID	stem Facility	Sampiin IL		Sampling Po	oint		ο.	orm ıle	Coppe		hactac	Stage WQP 2 DBPR
-	JTION SYSTEM			DISTRIBUTION	ONI CVCTENA	Stat		/ /	Nuie i	iei Asi	763103	WQF Z DDFN
00000 DISTRIBE	JIION STSTEN			WITHIN 5 SE		A A		ſ				
		UPSTF		WITHIN 5 SE		A						
00700 FNTDV D	OINT											
00700 ENTRY P	OINT	3		ENTRY POIN	11	Α						
21220 WELL	TANK	2		WELL		Α						
58256 BLADDEI	1 ANK											
			Con	tact Info	rmation							
Name			Oı	rganization						Job	Title	
Lebanon												
Mailing Address Lin	e One	Mailing	Address	s Line Two				Cit	ty	St	tate	Zip Code
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Pl	none	Email A	ddres	SS			

Contact Role(s): Owner

C	onnectic	ut Depa	rtmer	nt of Public	c H	lealth	Drin	ıking	, Water	Section	l	
	Wat	ter Qua	lity M	onitoring a	ano	d Com	plia	nce S	Schedul	e		
PWS ID P	WS Name						Classifi	cation	Population	Owner Type	Pri	mary Source
CT0710104 TI	RUMBULL LIBR	ARY					N	С	25	L		GW
Local Address (who	ere applicable)			Service		Resident	ial Co	mmerci	al Industri	al Combin	ed	Agricultural
580 EXETER ROAD				Connecti	ons			1				
Towns Served: LEB	BANON			,			·					
Name				Organization	1					Job Titl	e	
Ms. Betsy Petrie				Town of Leb	anor	n			First Selec	ctman		
Mailing Address Li	ne One		Mailing A	ddress Line Two					City	State		Zip Code
579 Exeter Road								Lebanc	n	СТ		06249
Business Phone	Extension	Fax		Mobile Phone	Er	mergency	Phone	Email A	Address	,		
860-642-6100		860-642-	7716					bpetrie	@lebanont	ownhall.org		
Contact Role(s):	Administrative	Contact. Leg	al Contac	t								

### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C	ann a ati a	ut Donartmo	nt of	Dublia	Haalth	Dwin	lrin a '	11/0:	ton Ca	ation	
	C		ut Departme								ection	
DIAIC ID			ter Quality M	IOIIIU	oring ai							
PWS ID		VS Name										Primary Source
CT0710124		BANON TOWN	N HALL				N(		25		L	GW
		re applicable)			Service	Resident	ial Coi	mmercial	Ind	lustrial	Combined	d Agricultur
ROUTE 207					Connection	IS		1				
Towns Serv	ved: LEB	NON										
			N	/lonit	oring Req	uiremer	its					
Water Sys		•	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Col	•	=								1 ro		per quarte
Samp	ling Poin	t (Sampling P	oint ID)			Monitorin	_		lectio	n Period	Comp	liance Status
Select	t from In	ventory of Act	ive Sampling Points			10/1/18 - 1	12/31/	18			С	omplete
						1/1/19 - 3						
						4/1/19 - 6	5/30/1	9				
						7/1/19 - 9	9/30/1	9				
<b>Physical</b>	Parame <sup>*</sup>	ters (PPS)								1 ro	utine (RT)	per quarte
Samp	ling Poin	t (Sampling P	oint ID)			Monitorin	g Perio	od Col	lectio	n Period	Comp	liance Status
Select	t from In	ventory of Act	ive Sampling Points			10/1/18 - 1	12/31/	18			С	omplete
						1/1/19 - 3	3/31/1	9				
						4/1/19 - 6	5/30/1	9				
						7/1/19 - 9	9/30/1	9				
Water Sys	stem Fac	cility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate A	nd Nitri	te (NOX)								1	routine (	RT) per yea
Samp	ling Poin	t (Sampling P	oint ID)			Monitorin	g Perio	od Col	lectio	n Period	Comp	liance Status
ENTR'	Y POINT	(3)				1/1/18 - 1	2/31/1	.8			С	omplete
						1/1/19 - 1	2/31/1	.9				
						1/1/20 - 1						
			Water System	Facili	ity and Sa	ampling I	Point	Inven	tory	/		
Water			•		•			Tot	al L	Lead and	1	
System	Water S	ystem Facility	Samplin	g Point	Sampling P	oint		Colife	orm	Copper		Stage
Facility ID			II	ס	Description	1	Sta	tus Ru	le	Rule Tie	r Asbestos	WQP 2 DBF
00600	DISTRIB	JTION SYSTEM	1 4	ı	DISTRIBUTION	ON SYSTEM	Δ	<b>Υ</b>				
			DOWNS	TREAM	WITHIN 5 S	ERVICE CON	Д	١				
			UPSTF	REAM	WITHIN 5 S	ERVICE CON	Δ	١				
00700	ENTRY P	OINT	3	3	ENTRY POIN	NT	Δ	١				
21221	WELL			2	WELL		Δ	١				
58258	BLADDE	R STORAGE										
				Con	tact Info	rmation						
Name				Oı	rganization						Job Title	
Lebanon					<u> </u>							
Mailing Ad	ldress Lin	e One	Mailing	Address	s Line Two				City	/	State	Zip Code
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ac	ldress	5		

Contact Role(s): Owner

C	Connectic	ut Depa	rtme	nt of	Public	Health	Drir	ıking	Water	Section		
	Wat	ter Qua	lity M	onite	oring ar	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary	Source
CT0710124 L	EBANON TOWN	N HALL					N	С	25	L	GW	/
Local Address (wh	ocal Address (where applicable)  Service							mmercia	al Industri	al Combine	ed Agric	ultural
ROUTE 207 AND R	Connection	IS		1								
Towns Served: LEE	BANON											
Name				Or	ganization					Job Titl	e	
Ms. Betsy Petrie				To	wn of Leban	on			First Selec	ctman		
Mailing Address Li	ne One		Mailing	Address	Line Two				City	State	Zip Co	ode
579 Exeter Road								Lebano	n	СТ	0624	49
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	ddress			
860-642-6100		860-642-	7716					bpetrie	@lebanont	ownhall.org		
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct								

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connoctions	Danantesant	'Dublic U	Inalth D	mira l	in ~ I	17040	C	ation.	
			Department of				_			ection	
			r Quality Monit	oring and					_		
PWS ID		PWS Name			Cla		tion Po	-	Ow	ner Type Primary Sou	
CT071015		ST FRANCIS OF ASSI	ISI	T		NC		25		Р	GW
		here applicable)		Service	Residential	Comr	mercial	Industri	al	Combine	d Agricultural
WEST TO				Connections			1				
Towns Se	rved: L	EBANON							_		
				oring Requ	iirement	S					
	•	•	JTION SYSTEM (WSF II	D: 00600)						(5-1)	
Total Co		•					- "				per quarter
		oint (Sampling Point			Monitoring			ection Pe	riod		liance Status
Seled	ct from	Inventory of Active	Sampling Points		10/1/18 - 12					С	omplete
					1/1/19 - 3/3						
					4/1/19 - 6/						
					7/1/19 - 9/	30/19					
_		neters (PPS)									per quarter
		oint (Sampling Point			Monitoring			ection Pe	riod		liance Status
Seled	ct from	Inventory of Active	Sampling Points		10/1/18 - 12	· ·				С	omplete
					1/1/19 - 3/						
					4/1/19 - 6/	-					
					7/1/19 - 9/	30/19					
Water Sy	ystem	Facility: ENTRY P	OINT (WSF ID: 00700)								
Nitrate A	And N	itrite (NOX)							1	routine (	RT) per year
Sam	pling P	oint (Sampling Point	t ID)		Monitoring	Period	Colle	ection Pe	riod	Comp	liance Status
ENT	RY POIN	NT (3)			1/1/18 - 12/	/31/18				C	omplete
					1/1/19 - 12/	/31/19					
					1/1/20 - 12/	/31/20					
		W	ater System Facili	ty and Sar	mpling Po	oint I	nvent	ory			
Water							Tota	l Lead	and	1	
-		r System Facility	Sampling Point		nt		Colifor				Stage
Facility ID	ס		ID	Description		Statu	s Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
			DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α					
			UPSTREAM	WITHIN 5 SER	RVICE CON	Α					
00700	ENTR'	Y POINT	3	ENTRY POINT		Α					
21224	WELL		2	WELL		Α					
58291	PRESS	SURE STORAGE									
			Con	tact Inforr	mation						
Name			Oı	ganization						Job Title	
Reverend	d Mark	Masnicki		Francis of Assi	isi Church			Pastor			
Mailing A	ddress	Line One	Mailing Address					City		State	Zip Code
			3					•			•

Mobile Phone

Lebanon

stfrancisassisi@catholic.org

Emergency Phone | Email Address

CT

06249

67 West Town Street

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-642-4032

**Business Phone** 

860-642-6711

	Section
Water Quality Monitoring and Compliance Schedule	9

	water quality 141011	ittoring an	u uon	upi	ilalice t	Ciicaai	C	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0710154	ST FRANCIS OF ASSISI				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
WEST TOWN S	TREET	Connections			1			
		•						·

Towns Served: LEBANON

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monit				C	<b>,</b>		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0710174	THE LOG CABIN RESTAURANT				NC	25	Р	GW
Local Address (v	ocal Address (where applicable) Service Res				Commerci	al Industri	al Combine	ed Agricultural

383 TRUMBULL HIG	SHWAY (ROUT	E 87)		Connection	ns		1			
Towns Served: LEB	ANON									
			Monito	oring Red	quirement	:S				
Water System Fa	cility: DISTF	RIBUTION SY	STEM (WSF II	D: 00600)						
Total Coliform (	3100)							1 rou	ıtine (RT)	per quarter
Sampling Poir	nt (Sampling P	Point ID)			Monitoring	Period	Collec	ction Period	Compl	iance Status
Select from In	ventory of Act	tive Sampling	Points		10/1/18 - 12	2/31/18	3		Co	mplete
					1/1/19 - 3/	31/19				
					4/1/19 - 6/	'30/19				
					7/1/19 - 9/	'30/19				
<b>Physical Parame</b>	ters (PPS)							1 rou	ıtine (RT)	per quarter
Sampling Poir					Monitoring	Period	Collec	ction Period	Compl	iance Status
Select from In	ventory of Act	tive Sampling	Points		10/1/18 - 12		3		Co	mplete
					1/1/19 - 3/					
					4/1/19 - 6/					
					7/1/19 - 9/	30/19				
Water System Fa	cility: <b>ENTR</b>	Y POINT (W	/SF ID: 00700)							
Nitrate And Nitr	•								<del>-</del>	RT) per year
Sampling Poir		Point ID)			Monitoring		Collec	ction Period		iance Status
ENTRY POINT	(3)				1/1/18 - 12				Co	mplete
					1/1/19 - 12					
					1/1/20 - 12					
			Other Co	ompliand	ce Schedu	les				
Compliance Schedu	ule Activity					e Date		Achieved	Date	
RESPOND TO SANI	TARY SURVEY					5/2019				
CORRECTIVE ACTIO	N/CORRECTIV	'E ACTION PL	AN		8/3	3/2019				
		Water Sy	stem Facili	ity and Sa	ampling P	oint I	nvento	ory		
Water							Total	Lead and		
,	system Facility	,	Sampling Point	Samplina P	oint		0 1:0	n Copper		Stage
Facility ID							Coliforn			
			ID	Description	)	Statu	5.1		Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEN		4	<b>Description</b> DISTRIBUTI	ON SYSTEM	Statu A	5.1		Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEN		4 DOWNSTREAM	Description DISTRIBUTI WITHIN 5 S	ON SYSTEM ERVICE CON	A A	5.1		Asbestos	WQP 2 DBPR
			4 DOWNSTREAM UPSTREAM	Description DISTRIBUTI WITHIN 5 S WITHIN 5 S	ON SYSTEM ERVICE CON ERVICE CON	A A A	5.1		Asbestos	WQP 2 DBPR
00700 ENTRY F			4 DOWNSTREAM UPSTREAM 3	Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIR	ON SYSTEM ERVICE CON ERVICE CON	A A A	5.1		Asbestos	WQP 2 DBPR
00700 ENTRY P			4 DOWNSTREAM UPSTREAM	DESCRIPTION OF THE POST OF T	ON SYSTEM ERVICE CON ERVICE CON	A A A	5.1		Asbestos	WQP 2 DBPR
00700 ENTRY F			4 DOWNSTREAM UPSTREAM 3	Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIR	ON SYSTEM ERVICE CON ERVICE CON	A A A	5.1		Asbestos	WQP 2 DBPR
00700 ENTRY P			4 DOWNSTREAM UPSTREAM 3 2 2	DESCRIPTION OF THE POST OF T	ON SYSTEM ERVICE CON ERVICE CON	A A A A	5.1		Asbestos	WQP 2 DBPR
00700 ENTRY P			4 DOWNSTREAM UPSTREAM 3 2 2 Con	DESCRIPTION DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN WELL 1 WELL 2	ON SYSTEM ERVICE CON ERVICE CON	A A A A	5.1		Asbestos  Job Title	WQP 2 DBPR
00700 ENTRY F 21226 WELL 1 59754 WELL 2	POINT		4 DOWNSTREAM UPSTREAM 3 2 2 Con	Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIR WELL 1 WELL 2 tact Info	ON SYSTEM ERVICE CON ERVICE CON NT	A A A A	s Rule Y			WQP 2 DBPR
00700 ENTRY F 21226 WELL 1 59754 WELL 2	POINT		4 DOWNSTREAM UPSTREAM 3 2 2 Con	Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL 1 WELL 2 tact Info rganization ne Log Cabin	ON SYSTEM ERVICE CON ERVICE CON NT	A A A A	y Y	Rule Tier		WQP 2 DBPR
00700 ENTRY F 21226 WELL 1 59754 WELL 2  Name Mr. Robert D'elise	POINT		4 DOWNSTREAM UPSTREAM 3 2 2 Con	Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL 1 WELL 2 tact Info rganization ne Log Cabin	ON SYSTEM ERVICE CON ERVICE CON NT  rmation  Restaurant	A A A A	y Rule Y	wner City	Job Title	
00700 ENTRY F 21226 WELL 1 59754 WELL 2  Name Mr. Robert D'elise Mailing Address Lir	POINT		4 DOWNSTREAM UPSTREAM 3 2 2 Con On The	Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL 1 WELL 2 tact Info rganization ne Log Cabin	ON SYSTEM ERVICE CON ERVICE CON NT	A A A A A	Y Y O	wner City	Job Title  State  CT	Zip Code

(	Connecticut Department of Public Health Drinking Water Section											
	Wat	ter Qual	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	e			
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0710174	THE LOG CABIN	RESTAURAN	T			Ν	IC	25	Р	GW		
Local Address (w	here applicable)			Service	Residen	Residential Cor		al Industria	al Combine	ed Agricultural		
383 TRUMBULL H	HIGHWAY (ROUT	E 87)		Connection	ıs		1					
Towns Served: Li	BANON											
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner								
Name				Organization					Job Title	e		
Lebanon Propert	ties LLC											
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code		
383 Trumbull Hg	wy						Lebano	n	CT	06249		
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address				
Contact Role(s):	Owner											

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	oartment (	of Public H	ealth	Drink	ing V	Vater :	Section		
	*		itoring and							
PWS ID	PWS Name				Classificat	ion Po	pulation (	Owner Type P	rimary Source	
CT071018	WATERS EDGE CAMPGRO	UND			NC		60	Р	GW	
Local Add	ress (where applicable)		Service	Resident	tial Comm	nercial	Industria	Combined	Agricultural	
271 LEON	ARD BRIDGE ROAD		Connections		15	50				
Towns Sei	rved: LEBANON					,				
		Mon	itoring Requ	ireme	nts					
Water Sy	stem Facility: <b>DISTRIBUTION</b>	SYSTEM (WS	F ID: 00600)							
<b>Total Co</b>	liform (3100)						1	routine (RT)	per quarter	
Sam	pling Point (Sampling Point ID)			Monitorii	ng Period	Colle	ction Peri	od Compli	iance Status	
Selec	ct from Inventory of Active Sampl	ing Points		4/1/19 -	6/30/19			Co	mplete	
				7/1/19 -	9/30/19					
Physical	Parameters (PPS)						1 :	routine (RT)	per quarter	
Sam	pling Point (Sampling Point ID)			Monitorii	ng Period	Colle	ection Peri	od Compli	iance Status	
Selec	ct from Inventory of Active Sampl	ing Points		4/1/19 -	6/30/19			Co	mplete	
				7/1/19 -	9/30/19					
Water Sy	stem Facility: ENTRY POINT	- LOWER SAFA	RI WELL (WSF I	D: 0070	1)					
Nitrate A	And Nitrite (NOX)							1 routine (F	(T) per year	
Sam	pling Point (Sampling Point ID)			Monitorii	ng Period	Colle	ction Peri	od Compli	iance Status	
EP - I	LOWER SAFARI WELL (3)			1/1/18 - :	12/31/18			Co	mplete	
				1/1/19 - :	12/31/19			Co	mplete	
				1/1/20 - :	12/31/20					
		Public No	otification R	equire	ments					
			Compliance	Notice		lic Notif	fication	PN Cert	tification	
Violation,	/Situation		Period	Tier	Requi	-	 Performed			
Total Colif	form M&R Violation	7,	/1/04 - 9/30/04	2	2/9/20	005		2/19/2005		
	Water	System Fac	ility and Sar	npling	Point In	nvent	ory			
Water						Tota	l Lead a	nd		
System	Water System Facility		nt Sampling Poi	nt		Colifor			Stage	
Facility ID		ID	Description		Status		Rule T	ier Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Υ				
		DOWNSTREA			N A					
		OKS	OFFICE KITCH		Α	Υ				
		UPSTREAM	WITHIN 5 SER	VICE CON	N A					
00701	ENTRY POINT - LOWER SAFARI WELL	3	EP - LOWER S	AFARI WE	Ε Α					
57171	LOWER SAFARI WELL	2	LOWER SAFAI	RI WELL	Α					
		Co	ntact Inforn	nation						
Name			Organization					Job Title		
Mr. Robe	rt A. Korten		Waters Edge Car	npground	ł	(	Owner			

State

 $\mathsf{CT}$ 

City

office@watersedgecampground.com

Lebanon

Emergency Phone | Email Address

860-642-7822

Zip Code

06249

Mailing Address Line Two

**Mobile Phone** 

Mailing Address Line One

271 Leonard Bridge Road

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

**Business Phone** 

860-642-7470

Connecticut Department of Public Health Drinking Water Section												
	Wat	er Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le			
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0710184 V	VATERS EDGE CA	MPGROU	ND			N	IC	60	Р	GW		
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural		
271 LEONARD BRI		Connection	ns		150							
Towns Served: LE	BANON					,						
Name			C	Organization				Job Titl	e			
Mr. Brian Korten			V	Waters Edge Campground				Owner				
Mailing Address Li	ne One		Mailing Addre	ss Line Two				City	State	Zip Code		
271 Leonard Bridg	e Rd						Lebano	n	СТ	06249		
Business Phone	Extension	Fax	Mob	ile Phone	Emergence	y Phone	Email A	Address				
860-642-7470					860-933	-4317						
Contact Role(s):	Owner						•					

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name		Classification Population Owner		Owner Type	Primary Source						
CT0710194	GIRL SCOUTS OF CT - CAMP LAUREL - WELL 4	ļ			NC	25	Р	GW				
Local Address (v	Service	Residen	tial	Commercia	al Industri	al Combine	ed Agricultural					
175 CLUBHOUS	ROAD			1								

175 CLUBHOUSE ROAD	Connections		1				
Towns Served: LEBANON			,	1	1	,	
Mo	nitoring Require	ements	5				
Water System Facility: <b>DISTRIBUTION SYSTEM (W</b>							
Total Coliform (3100)	,			1	routine (RT)	per quarter	
Sampling Point (Sampling Point ID)	Мо	nitoring I	Period	Collection Peri		iance Status	
Select from Inventory of Active Sampling Points		1/18 - 10/				omplete	
Total Coliform (3100)		<u>, , , , , , , , , , , , , , , , , , , </u>	•	1 routine (RT) per mon			
Sampling Point (Sampling Point ID)	Monitoring Period			Collection Peri	•	iance Status	
Select from Inventory of Active Sampling Points	5/1/19 - 5/31/19				·		
, , ,		1/19 - 6/3					
		1/19 - 7/3					
	8/:	1/19 - 8/3	31/19				
	9/:	1/19 - 9/3	30/19				
	10/1	1/19 - 10,	/31/19				
Physical Parameters (PPS)				1	routine (RT)	per quarter	
Sampling Point (Sampling Point ID)	Mo	nitoring I	Period	Collection Peri	iod Comp	iance Status	
Select from Inventory of Active Sampling Points	10/2	1/18 - 11,	/30/18	10/1-11/30	С	omplete	
Physical Parameters (PPS)				1	routine (RT	) per month	
Sampling Point (Sampling Point ID)	Mo	nitoring I	Period	Collection Peri	iod Comp	iance Status	
Select from Inventory of Active Sampling Points	5/:	1/19 - 5/3	31/19				
	6/1	1/19 - 6/3	30/19				
	7/:	1/19 - 7/3	31/19				
	8/2	1/19 - 8/3	31/19				
	9/:	1/19 - 9/3	30/19				
	10/1	1/19 - 10,	/31/19				
Water System Facility: ENTRY POINT (WSF ID: 00	700)						
Nitrate And Nitrite (NOX)					1 routine (	RT) per year	
Sampling Point (Sampling Point ID)	Mo	nitoring l	Period	Collection Peri	iod Comp	iance Status	
ENTRY POINT (3)	1/1	/18 - 12/	31/18		C	omplete	
	1/1	L/19 - 12/	31/19				
	1/1	/20 - 12/	31/20				
Water System Facility: WELL #4 (WSF ID: 23000)							
E. Coli (3014)				1 t	riggered (TG	) per period	
Sampling Point (Sampling Point ID)	Mo	nitoring l	Period	Collection Peri	iod Comp	iance Status	
WELL (2)	10/1	16/18 - 10	/22/18		С	omplete	
Othe	er Compliance Sc	chedul	es				
Compliance Schedule Activity		Due	Date	Achiev	red Date		
L1 ASSESSMENT (MULTIPLE TC+)		11/10	5/2018				
SEASONAL START UP COMPLETION			/2019				
Public	Notification Req						
	-	Votice		: Notification	PN Cei	tification	
Violation/Situation	Period	Tier	Require			_	

domined at Department of Labric Health Dimming Water Deciron												
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source					
CT0710194	GIRL SCOUTS OF CT - CAMP LAUREL - WELL 4				NC	25	Р	GW				
Local Address (v	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural					
175 CLUBHOUS	E ROAD	Connections			1							

Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/17/18 -	2	1/3/2019		1/13/2019						

Water System Facility and Sampling Point Inventory												
Water					Total	Lead and						
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		2	Stage			
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	? DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		BJ11213	KITCHEN SINK	Α	Υ							
		BK05446	DINING HALL KITCHEN	Α	Υ							
		BN23624	DINING HALL	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
23000	WELL #4	2	WELL	Α								
57396	PRESSURE STORAGE											

57555 11126661										
			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Ms. Michele Velez				Girl Scouts o	f Connecticut	ut Dir. Property Svcs.				
Mailing Address Line One Mailing Add				ress Line Two			City	State	Zip Code	
20 Washington Ave	nue					North H	rth Haven CT 064			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress			
203-239-2922	3329	203-239-7	220		800-922-2770	mvelez@gsofct.org				
Contact Role(s): Ac	dministrative	Contact, Lega	al Contact, O	)wner						
Name			Organization	1	Job Title					

Girl Scouts of Ame	rica, Inc.									
Mailing Address Lin	ie One		Mailing Address Line Two			City		State	Zip Code	
340 Washington St	reet					Hartford	ord CT 0610			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress			
860-522-0163										
	•	•	•				•			

Contact Role(s): Owner

Towns Served: LEBANON

### Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	nnectic	ut Dena	rtment of	Puhlic	Health	Drin	king	W:	ater Se	ction	
	GC.		*	ity Monit				U			CCIOII	
PWS ID	PW	'S Name	ter quar	ity Monit	oring a		Classifi				ner Type I	Primary Source
CT0719114	LEB	SANON SENIC	R CENTER				N			51	L	GW
Local Addres	ss (wher	e applicable)			Service	Resident	ial Cor	mmercia	al In	dustrial	Combined	Agricultura
WEST TOWN					Connectio	ins		1				
Towns Serve	ed: LEBA	NON										 
				Monito	oring Re	quireme	nts					
Water Syst	em Fac	ility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
<b>Total Colif</b>	orm (3	100)								1 rou	ıtine (RT)	per quarter
Sampli	ng Point	t (Sampling P	oint ID)			Monitorir	ng Perio	od Co	ollect	ion Period	Comp	liance Status
Select f	from Inv	entory of Act	ive Sampling	Points		10/1/18 -	12/31/	18			С	omplete
						1/1/19 -	3/31/19	9				
						4/1/19 -	6/30/19	9				
						7/1/19 -	9/30/19	9				
Physical Page	aramet	ers (PPS)								1 rou	ıtine (RT)	per quarter
		t (Sampling P				Monitorir			ollect	ion Period		liance Status
Select f	from Inv	entory of Act	ive Sampling	Points		10/1/18 -	12/31/	18			С	omplete
						1/1/19 -	3/31/19	9				
						4/1/19 -						
						7/1/19 -	9/30/19	9				
Water Syst	em Fac	ility: ENTR	Y POINT (W	SF ID: 00700)								
Nitrate An										1	· -	RT) per year
Sampli	ng Point	t (Sampling P	oint ID)			Monitorir	ng Perio	od Co	ollect	ion Period	Comp	liance Status
ENTRY	POINT (	3)				1/1/18 - 1					С	omplete
						1/1/19 - 1						
						1/1/20 - 1	2/31/2	20				
			Water Sy	stem Facili	ty and S	Sampling	Point	Inve	ntoı	ſy		
Water									tal	Lead and		
-	Vater Sy	stem Facility	5	Sampling Point						Copper	Anhanta	Stage
Facility ID	NCTRIBLE	TIONI CVCTEN		ID	Descriptio		Sta	tus	ule	Kule Her	Aspestos	WQP 2 DBPI
00600 D	)ISTRIBU	TION SYSTEM		4	DISTRIBUT		A					
			l	DOWNSTREAM								
00700 5	NITOV DO	NAT		UPSTREAM		SERVICE CON						
	NTRY PO	ו אונ		3	ENTRY PO	IIN I	A					
	VELL 1	TANK		2	WELL 1		Α	1				
55629 B	SLADDER	IANK										
				Con	tact Info	ormation						
Name				Oı	rganization						Job Title	
Lebanon			1									
Mailing Add	ress Line	e One		Mailing Address	s Line Two				Ci	ty	State	Zip Code
Business P	hone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddre	SS		

Contact Role(s): Owner

	Connectic	ut Depa	rtme	nt of	Public	Health	Dri	nking	g Water	Section			
	Wa	ter Qua	lity M	onite	oring a	nd Con	nplia	ince S	Schedul	le			
PWS ID P	WS Name						Classi	fication	Population	Owner Type	Primary Sou		
CT0719114 L	EBANON SENIC	R CENTER					١	١C	51	L	GW		
Local Address (wh	ere applicable)				Service	Resider	ntial Co	ommerci	al Industri	al Combine	ed Agricultu		
WEST TOWN STRE	VEST TOWN STREET					S		1					
Towns Served: LEI	BANON					,	,		·				
Name				Or	Organization					Job Titl	e		
Ms. Betsy Petrie				То	Town of Lebanon First Select					ctman			
Mailing Address Li	ine One		Mailing A	Address	Line Two				City	State	Zip Code		
579 Exeter Road								Leband	on	СТ	06249		
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	Email Address				
860-642-6100		860-642-	7716					bpetrie	bpetrie@lebanontownhall.org				
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct									

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

CT0719124	REDEEMER EVANGELICAL LUTHERAN CHURCH	NC	25	Р	GW							
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source							
Water Quality Monitoring and Compliance Schedule												
Connecticut Department of Public Health Drinking water Section												

Service

Connections

- CD | Lite II - Lile D - Lile - Mare - C.

Residential Commercial

1

Industrial

Combined

Agricultural

321 VILLAGE HILL ROAD
Towns Served: LEBANON

00700

55806

55808

**ENTRY POINT** 

ΒΙ ΔΩΩΕΝ ΤΔΝΚ

WELL 1

Local Address (where applicable)

Towns Served: LEBANON							
	Monito	oring Requiremen	ts				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	ion Period	Compli	ance Status
Select from Inventory of Active Sam	pling Points	10/1/18 - 1	2/31/18			Co	mplete
		1/1/19 - 3	/31/19			Co	mplete
		4/1/19 - 6	/30/19				
		7/1/19 - 9	/30/19				
Physical Parameters (PPS)					1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	ion Period	Compli	ance Status
Select from Inventory of Active Sam	pling Points	10/1/18 - 1	2/31/18			Co	mplete
		1/1/19 - 3	/31/19			Co	mplete
		4/1/19 - 6	/30/19				
		7/1/19 - 9	/30/19				
Water System Facility: ENTRY POIN	T (WSF ID: 00700)						
Nitrate (1040)					1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	ion Period	Compli	ance Status
ENTRY POINT (3)		10/1/18 - 1	2/31/18			Co	mplete
		1/1/19 - 3	/31/19			Co	mplete
		4/1/19 - 6	/30/19				
		7/1/19 - 9	/30/19				
Nitrite (1041)					1 :	outine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	ion Period	Compli	ance Status
ENTRY POINT (3)		1/1/18 - 12	2/31/18			Co	mplete
		1/1/19 - 12	2/31/19				
		1/1/20 - 12	2/31/20				
Wate	r System Facili	ity and Sampling P	oint Ir	ventor	У		
Water	•			Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				

33000 DEADDER TAIN								
		Co	ontact Inf	ormation				
Name			Organization	1			Job Title	
Reverend Scott Schuett			Redeemer Lu	utheran Church		Pastor		
Mailing Address Line One		Mailing Addr	ess Line Two			City	State	Zip Code
321 Village Hill Rd					Lebanon	l	СТ	06249
Rusiness Phone Extension	Fav	Mc	hila Phona	Emergency Phone	Email Ac	ldrocc		

**ENTRY POINT** 

WELL 1

Α

Α

3

2

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(	Connectic	ut Depa	rtme	nt of	Public	Health	Drir	ıking	Water	Section	1		
	Wa	ter Qua	lity M	Ionite	oring ai	nd Con	nplia	nce S	chedul	e			
PWS ID F	WS Name						Classif	ication	Population	Owner Type	Pr	imary Source	
CT0719124 F	REDEEMER EVA	NGELICAL LU	THERAN	CHURC	Н		N	С	25	Р		GW	
Local Address (wh	ere applicable)				Service	Residen	tial Co	mmercia	l Industri	al Combin	ed	Agricultural	
321 VILLAGE HILL	ROAD				Connection	ns		1					
Towns Served: LE							·		·	,			
860-423-4320	LATERISION	860-450-2	1064	IVIODIIV	ernone	860-208-			emer Lutheran@Juno.com				
	Administrative		1004			000-200-	2134	Neucen	iei_Lutileit	311@30110.001	'''		
Name				Or	ganization					Job Tit	le		
Mr. Charles Bend	er			Re	deemer Lutl	heran Chur	ch		Head Trus	stee			
Mailing Address L	ine One		Mailing	Address	Line Two				City	State		Zip Code	
322 Village Hill Ro	ad							Lebano	n	СТ		06249	
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	Phone	Email A	ddress				
860-423-6859						860-423-	9322						
Contact Role(s):	Legal Contact		·		<u> </u>								

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	dominous popul unione of 1 dame from 21 mining 1 video coolers										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source							Primary Source			
CT0719134	903 EXETER RD - LEBANON				NC	25	Р	GW			
Local Address (where applicable)  Service Residential Commercial Industrial Combined Agricult								ed Agricultural			
		Connections			1						

Towns Served: LEBANON					
Monitor	ring Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)				
Total Coliform (3100)		1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>		
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete		
	1/1/19 - 3/31/19				
	4/1/19 - 6/30/19				
	7/1/19 - 9/30/19				
Physical Parameters (PPS)		1 routine (RT) per qua			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete		
	1/1/19 - 3/31/19				
	4/1/19 - 6/30/19				
	7/1/19 - 9/30/19				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status		
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete		
	1/1/19 - 12/31/19				
	1/1/20 - 12/31/20				

	Wat	ter System Facili	ity and Sampling P	oint Ir	nventoi	ry			
Water System Facility IL	•	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
60439	WELL 2	2	WELL 2	Α					

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Vincent Derosa	9			Village Mark	et Place		Manager		
Mailing Address Lin	e One		Mailing	Address Line Two		City State			Zip Code
P.O. Box 28						Waterto	wn	СТ	06795
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-491-1404		860-945-8	726		203-437-1090				

Contact Role(s): Administrative Contact, Legal Contact, Owner

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### http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner Type Primary Source										
CT0719154 FIRST BAPTIST CHURCH OF LEBANON NC 25 P GW										
Local Address (where appli	cable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural		
694 TRUMBULL HIGHWAY	594 TRUMBULL HIGHWAY Connections 1									
Towns Served: LEBANON										

Towns Served: LEBANON					
	Monitoring Red	quirement	S		
Water System Facility: DISTRIBUTION SYSTE	M (WSF ID: 00600)				
Total Coliform (3100)				1 rc	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Poin	ts	10/1/18 - 12	/31/18		Complete
		1/1/19 - 3/3	31/19		Complete
		4/1/19 - 6/3	30/19		
		7/1/19 - 9/3	30/19		
Physical Parameters (PPS)				1 rc	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Poin	ts	10/1/18 - 12	/31/18		Complete
		1/1/19 - 3/3	31/19		Complete
		4/1/19 - 6/3	30/19		
		7/1/19 - 9/3	30/19		
Water System Facility: ENTRY POINT (WSF I	D: 00700)				
Nitrate And Nitrite (NOX)				:	1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
ENTRY POINT (3)		1/1/18 - 12/	31/18		Complete
		1/1/19 - 12/	31/19		
		1/1/20 - 12/	31/20		
Water System Facility: WELL 1 (WSF ID: 587	04)				
E. Coli (3014)				1 rc	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
WELL 1 (2)		10/1/18 - 12	/31/18		Complete
		1/1/19 - 3/3	31/19		Complete
		4/1/19 - 6/3	30/19		
		7/1/19 - 9/3	30/19		
Pu	blic Notification	Requirem	ents		
	Compliance	Notice		Notification	PN Certification
Violation/Situation	Period	Tier	Require	d Performed	Due to DPH Received

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Nitrate And Nitrite M&R Violation	1/1/14 - 12/31/14	2	8/5/2015	4/9/2019	8/15/2015	4/9/2019				
Total Coliform M&R Violation	10/1/14 - 12/31/14	2	8/5/2015	4/9/2019	8/15/2015	4/9/2019				
Physical Parameters M&R Violation	10/1/14 - 12/31/14	3	7/5/2016		7/15/2016					
E. Coli M&R Violation	1/1/18 - 3/31/18	3	6/1/2019	4/9/2019	6/11/2019	4/9/2019				

	W	ater System Facili	ty and Sampling F	oint li	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WOP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0719154	FIRST BAPTIST CHURCH OF LEBANON			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
694 TRUMBULL	HIGHWAY	Connections				1	

Towns Served: LEBANON

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	5.1	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α					
58704	WELL 1	2	WELL 1	Α					
58708	TREATMENT PLANT								

Contact Information											
Name				Organization			Job Title				
Mr. Darwin Gebbe				First Baptist Church Lebanon			Trustee				
Mailing Address Line One Ma			Mailing Addr	Mailing Address Line Two			City	State	Zip Code		
P.O. Box 231						Lebanon		СТ	06249		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	nail Address				
860-642-2569						darwin@	arwin@pd-properties.com				

Contact Role(s): Administrative Contact, Legal Contact

### Please note the following:

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End of schedule